


031904

13281 U.S. PTO

Please type a plus sign (+) inside this box 

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</i>		Attorney Docket No. STI-PAUS0001	
		First Inventor Ashok Burton Tripathi	
		Title	SYSTEMS AND METHODS FOR RECEIVER UPGRADE
		Express Mail Label No.	N/A (Hand Delivered)


APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 19] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8] 5. Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
ACCOMPANYING APPLICATIONS PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____ / _____
 Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS	
<input type="checkbox"/> Customer Number or Bar Code Label	Wolff & King PLLC 2111 Eisenhower Ave. Suite 404 Alexandria, VA 22314 Tel. 703-53-6790 Fax 703-535-6791 <i>(Insert Customer No. or Attach bar code label here)</i>
or <input checked="" type="checkbox"/> Correspondence address below	

Name (Print/Type)	Kevin Alan Wolff	Registration No. (Attorney/Agent)	42,233
Signature		Date	March 19, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

WOLFF & KING PLLC FILING RECORD

Attorney Docket No.: **STI - PAUS0001**
Today's Date: **March 19, 2004**
Attorney: **Kevin A. Wolff**
Fee Transmitted Herewith: **\$718.00**
Serial No.: **Not Yet Assigned**
Filing Date: **Submitted Herewith**
Title: **SYSTEMS AND METHODS FOR RECEIVER
UPGRADE**
Inventors: **Ashok Burton TRIPATHI**

VIA HAND DELIVERY

THE PTO STAMP HEREON ACKNOWLEDGES RECEIPT OF:

DOCUMENTS BEING FILED:

- (1) Utility Patent Application Transmittal
- (2) Fee Transmittal Sheet with attached credit card charge authorization form in the amount of \$718.00
- (3) Declaration
- (4) Assignment with Recordation Form Cover Sheet
- (5) Power of Attorney
- (6) 18 Pages of Specification and Claims (Specification, 43 Claims)
- (7) Abstract
- (8) Eight (8) sheets of drawings (Figures 1-7)
- (9) Information Disclosure Statements with Form 1449

031904

13281 U.S. PTO

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 718.00**Complete If Known**

Application Number	
Filing Date	March 19, 2004
First Named Inventor	Ashok Burton Tripathi
Examiner Name	
Group / Art Unit	
Attorney Docket No.	STI - PAUS0001

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number <input type="text"/> Deposit Account Name <input type="text"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> Payment Enclosed: \$718.00 <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	\$385
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$ 385)
2. EXTRA CLAIM FEES			
Total Claims	43	-20** =	23
Independent Claims	5	-3** =	2
Multiple Dependent		X	
SUBTOTAL (2)			(\$ 293)
**or number previously paid, if greater; For Reissues, see above			
		Other fee (specify) _____	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3)	
		(\$ 40)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kevin Alan Wolff	Registration No. Attorney/Agent	42,233
Signature		Telephone	703-535-6790
		Date	March 19, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.